

CONTINUING EDUCATION REPORTING FORM

Compliance Period: August 1, 2016 - July 31, 2018

Complete this form after you attend an **approved** Continuing Education activity. **YOU must submit this completed form to the Board Office.** Also, you must sign an Attendance Record Form at the program.

Name: _____ KY. FD#: _____ KY. EMB#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Business (funeral home/embalming service) _____

Business Address: _____

City: _____ State: _____ Zip: _____

1. Attend a Board **approved** Continuing Education activity.

2. Sign the Sponsor's Attendance Record Form at the program.

3. Have the Sponsor/Representative sign this form.

4. **YOU** must complete and sign this form and make a copy for your records.

5. **YOU** must submit this completed form to the Board Office.

DATE PROGRAM TITLE & SPONSOR LOCATION HOURS SPONSOR'S SIGNATURE

I swear and affirm that the above information is true and correct.

DATE	PROGRAM TITLE & SPONSOR	LOCATION	HOURS	SPONSOR'S SIGNATURE

I swear and affirm that the above information is true and correct.

Licensee's Signature

Date

This application must be completed as ordered by Kentucky Revised Statutes 316.130 & 316.132 and returned to the Kentucky Board of Embalmers and Funeral Directors. Please send all forms by July 15, 2018 to allow for processing prior to July 31, 2018 deadline. Also please note the change of address.

KENTUCKY BOARD OF EMBALMERS AND FUNERAL DIRECTORS

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LOUISVILLE, KY 40222

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